

\$25.00

KANSAS STATE BOARD OF PHARMACY
Landon State Office Building
900 Jackson, Room 560
Topeka, KS 66612-1231
785-296-4056

FOR OFFICE USE

Reg. No. _____

Reg. Date _____

PHARMACY TECHNICIANS REGISTRATION

NAME First Middle Maiden Last

ADDRESS City State Zip TELEPHONE

DATE OF BIRTH MALE/FEMALE SOCIAL SECURITY NO.

E-MAIL ADDRESS

PLACE OF EMPLOYMENT

ADDRESS CITY STATE ZIP TELEPHONE

Have you ever been convicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime? ☐ YES ☐ NO If you responded "yes," please explain on a separate sheet.

Are you now or have you ever been licensed, registered, certified or otherwise approved to practice as a pharmacist or pharmacy technician in any state or jurisdiction? ☐ YES ☐ NO

If yes, where? _____

Have you ever been denied or revoked a license or registration certification? ☐ YES ☐ NO

If yes, where? _____

By submitting this application I understand the Board of Pharmacy will rely upon this information for issuance of my registration that this information is truthful and factual and that sanctions may be imposed, including denial, suspension or revocation of my registration, if this information is found to be false.

Signature of applicant: _____

Date: _____

If you need additional applications, please make as many copies as needed of this form.